

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14512

MAY 13 1940

Registration District No. 125

Primary Registration District No. 9009

Registrar's No. 139

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town " "
(c) Name of hospital or institution: Brecheat No Hosp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2 5 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 256 So. Middle
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Addie Mae McCain
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 7
1940 year 2 hour 30 minute 0 A. M.

4. Sex F 5. Color or race A 6. (a) Single, widowed, married, divorced A Glenn
6. (b) Name of husband or wife A. Glenn 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Sept 17 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 29th, 1940, to April 7th, 1940 that I last saw her alive on April 6th, 1940 and that death occurred on the date and hour stated above.
Immediate cause of death Religious say Ecstasium Duration 1/2 hour

8. AGE: Years 52 Months 6 Days 10 If less than one day _____ hr. _____ min.

Due to Varicose veins & Phlebitis 2
Due to apoplexy 4/11/40

9. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

Other conditions 181
(Include pregnancy within 3 months of death)
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name James E. Meller
13. Birthplace Mo. 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Langley
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings: Ch. Appendicitis & adhesions.
Of operations _____
Of autopsy none

16. (a) Informant's own signature A. Glenn McCain
(b) Address Cape Girardeau, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 181

17. (a) Buried (b) Date thereof 4 9 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Burial - Hawae
(b) Address Cape Girardeau Mo
19. (a) 4-7-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

23. Signature J. B. Schultz (M. D. or other) _____
Address Cape Girardeau Date signed 4/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 5-17-39 I 11931

N. B.—Every item of information should be properly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.